Combined Declaration For P

Application and Power of Attorney

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3.	

ATTORNEY DOCKET 82520DAN

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A SYSTEM AND MI PHOTOFINISHING		R ASSEM	BLIN	NG COMPONEN	TS OR	PRO)	DUCTS	OF A	
The specification of which (checl	k only one item be	elow):							
X is attached hereto.									
was filed as United State	es Application Se	erial No. on and	d						
was amended on (if app	olicable).								
was filed as PCT international application Number on and was amended on (if applicable).									
I hereby state that I have reviewe	d and understand	the contents of th	e above	-identified specification, i	ncluding the	claims, a	as amended b	y any an	nendment
referred to above. I acknowledge the duty to disclose	se to the U.S. Pat	ent & Trademark	Office	all information known to	ne to he mai	terial tma	tentahility a	defined	in Title
37, Code of Federal Regulations,		one of Trademark	Office	an information known to i	ne to be ma	ciiai upa	activation a	s delilled	in Tiuc
I hereby claim foreign priority be	enefits under Title	35, United State	s Code	, §119 (a)-*d) or 365 (b) o	of any foreig	n applic	ation(s) for p	atent or	inventor's
certificate, or (365 (a) of any PC			_	-				•	
and have also identified below a some country other than the United		` ,		•			,	_	_
priority is claimed:	i States of Americ	a med by me on	uic Sali	ie subject matter naving a	ining date of	ciore ura	it of the appli	cation(s)	of which
RIOR FOREIGN/PCT APPLI	CATION(S) AN	D ANY PRIORIT	TY CLA	IMS UNDER 35 U.S.C.	119:				-
F FE COUNTRY QFPCT, indicate PCT)	Aş	PLICATION NUMBER		DATE OF FILING (minth/dayyear)			PRIORITY CLAIMED U	NDER 35 USC §	119
ja nia				(marabyyoo)			YES		NO
1 P P P P P P P P P P P P P P P P P P P							YES		NO
<u> </u>							YES		NO
						<u></u>	J		
Thereby claim the benefit under	Title 35, United S	tates Code, 119 §	(e) of a	ny United States provision	al applicatio	n(s) liste	d below:		
PRIOR PROVISIONAL APPLI	ICATION(S) AN	D ANY PRIORIT	TY CLA	AIMS UNDER 35 U.S.C.	§119 (e):				
PROVISIONAL AF	PLICATION NUMBER				FILING DATE (mo	nth/day/year)			
I hereby claim the benefit under ? the United States of America that prior applications(s) in the mann Office all information known to between the filing date of the prior	is/are listed belower provided by the me to be material	w and, insofar as e first paragraph al topatentability	the subj of Title as defi	ject matter of each of the c 35, §112, I acknowledge ned in Title 37, Code of	laims of this the duty to Federal Reg	applica disclose ulations	tion is not di to the U.S. I	sclosed in Patent &	n that/those Trademark
PRIOR US APPLICATIONS O 35USC§120:	R PCT INTERN	ATIONAL APP	LICATI	ONS DESIGNATING TH	IE U.S FOR	R BENE	FIT UNDER		
U.S. APPLICATIONS					STATUS (Check one)				_
U.S. APPLICATION NUMBER		U.S. FILING DATE		PATENT	ĒD	PENDING	ABA	NDONED	
							 		
PC	T APPLICATIONS D	ESIGNATING THE U.	.S.						
PCT APPLICATION NO. PCT FILI				J.S. SERIAL NUMBERS ASSIGNED (If any)				 	
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

0	nd Corresp	ondence to: Patent Leg	al Staff	Direct Telephone Calls to: (name and telephone number)
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	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
Ī	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
I	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
I	FULL NAME OF INVENTOR:	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
Ì	BUSINESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 302	SIGNATURE OF INVENTOR 203
Dandel H Linday to	18hhres	
DATE	DATE	DATE
09/18/01	10/03/01	
SIGNATURE OF MVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
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